



# AHRQ Safety Program for Intensive Care Units: Preventing CLABSI and CAUTI

## Making It Work Tip Sheet

### Engaging Physicians in Preventing CLABSI and CAUTI

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This “Making It Work” tip sheet provides additional information to help intensive care unit (ICU) team leaders implement effective strategies and achieve goals to reduce central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI) and improve safety culture at the unit level.

#### Issue

Physicians play various roles in quality and safety, from leaders and champions, to committee members, to being directly involved in planning and executing tests of change. Each role is vital in the success of any undertaking to improve quality and patient safety in an ICU. Common challenges to their participation in these efforts often center on having very limited time to devote to such efforts, lack of training in quality improvement processes, and lack of knowledge of broader patient safety initiatives occurring in the unit. While virtually all physicians are interested in providing the best, evidence-based care and safe patient outcomes, they need support to participate fully in efforts to ensure a safer ICU.

#### Suggested Strategies

- When a new resident or physician starts in the ICU, have the nurse manager and the clinical nurse specialist/educator meet with them to share patient safety initiatives on the unit. Share protocols and procedures for CLABSI/CAUTI interventions and communication strategies.
- Support physicians in engaging in quality improvement and patient safety initiatives to participate in meetings, projects, and committees through protected time.
- Regardless of physician arrangement or time spent on the unit, keep unit physicians informed of the “what” and “why” of initiatives and how they should be involved.
- Periodically, seek input on needed changes and feedback on implemented changes and make adjustments as needed.
- Acknowledge physicians who support CLABSI and CAUTI prevention. This could be by earning “credit” on performance criteria or toward recredentialing; giving public recognition at medical staff meetings, during multidisciplinary rounds, in the hospital newsletter, etc.; displaying a “clinician of the month” on a visual display; or providing an incentive such as a gift card.
- Stay curious and seek understanding if an individual is reluctant to make changes to practice. Listen carefully for root causes of reluctance to change. Explore their thoughts and concerns with an open mind. It may help to share individual-level data, evidence-based practices, and literature, if applicable. Share data on CLABSI- and/or CAUTI-associated



- device utilization, infection rates, days since last infection, etc., on a periodic basis such as quarterly or monthly. This can also be done at an individual level to show gaps in performance such as high-device utilization and/or infection rates.
- When an infection does occur, include the unit physician and/ or attending physician in the learning from defects process. Discuss these results in monthly staff meetings and/or morbidity and mortality conference.
  - Share patient stories and the impact the infection had on the patient and family—make it personal for them.
  - When an unprofessional incident occurs, identify a peer (e.g., attending to attending, resident to resident) to have an informal 3- to 5-minute “cup of coffee” conversation with the physician to support behavior change, whether it be about communication or compliance with evidence-based or best practices being implemented to improve patient safety.

## Conversation Starters

To engage physicians in efforts to reduce CLABSI and CAUTI through technical and adaptive interventions, gather all the facts (who, what, when, where, why, and how), identify a time to approach the physician, and use SBAR (Situation-Background-Assessment-Recommendation or Request) to prepare for the conversation. A sample script could be:

**Situation:** Dr. Martinez, I observed Dr. Smith showing frustration toward Nurse Kara for removing Mrs. Grant’s indwelling urinary catheter. When Nurse Kara explained why she removed the catheter according to the nurse-driven protocol, Dr. Smith very sternly said, “it’s my job to decide when the catheter should be removed—not yours.”

**Background:** As you know, we have been implementing the nurse-driven protocol for removal in this ICU since January. Overall, utilization has decreased, nurses are feeling more comfortable with making this decision on their own, and physicians have been supportive of this protocol.

**Assessment:** I am concerned about the manner in which Dr. Smith spoke to Nurse Kara and that he disempowered her to follow a protocol we have made significant strides in implementing.

**Recommendation/Request:** Would you please have a “cup of coffee” conversation with Dr. Smith about this incident?

## Case Studies, Tools, and Resources

The following materials from the AHRQ CUSP Toolkit reinforce material to improve how unit-based teams work together to make care safer.

- [Physician Engagement video](#)
- [About CUSP: A Doctor's Perspective video](#)
- [Preventing CAUTI: Engaging Clinicians and Senior Leadership to Implement Change slide set](#)
- [Engaging the Nurse, Physician, Patient/Family, CUSP- Learn From Defects slide set](#)

## References

1. Agency for Healthcare Research and Quality. About CUSP: A Doctor's Perspective [http://www.ahrq.gov/professionals/education/curriculum-tools/cusptoolkit/videos/00\\_doctor/index.html](http://www.ahrq.gov/professionals/education/curriculum-tools/cusptoolkit/videos/00_doctor/index.html). Accessed November 29, 2021.
2. Agency for Healthcare Research and Quality. Engaging the Nurse, Physician, Patient/Family, CUSP- Learn From Defects. <http://www.ahrq.gov/professionals/quality-patient-safety/hais/cauti-tools/archived-webinars/engaging-nurse-physician-patient-slides.html>. Accessed November 29, 2021.
3. Agency for Healthcare Research and Quality. Physician Engagement. [http://www.ahrq.gov/professionals/education/curriculum-tools/cusptoolkit/videos/02e\\_phys\\_engagement/index.html](http://www.ahrq.gov/professionals/education/curriculum-tools/cusptoolkit/videos/02e_phys_engagement/index.html). Accessed November 29, 2021.
4. Cooper WO. "Cup of Coffee" Conversations' Strong Role in Changing Behaviors. Apr 29, 2019. The Joint Commission. <https://www.jointcommission.org/resources/news-and-multimedia/blogs/dateline%20tc/2019/04/cup-of-coffee-conversations-strong-role-in-changing-behaviors>. Accessed November 29, 2021.
5. Agency for Healthcare Research and Quality. Preventing CAUTI: Engaging Clinicians and Senior Leadership to Implement Change. <http://www.ahrq.gov/professionals/quality-patient-safety/hais/cauti-tools/archived-webinars/preventing-cauti-engaging-leadership-slides.html>. Accessed November 29, 2021.

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